UNITED	STATES HOUSE OF REPRESENTATIVES	The Niem Manakara	FORM B	i Frisi atn	Page 1 of <u>10</u> LEGISI ATIVE RESOURCE CENTER
				18 FEE	FEB 27 PM 1:22
Name:	Jackie Patton	Daytime Telephone:	none:	U.S. House	C. FIGE OF THE CLERK
FILER	New Member of or Candidate for State: OF  U.S. House of Representatives District: 12  Candidates – Date of Election: May 08/ 2018	인 12 18	Check if Amendment	(Offic	(Office Use Only)
STATUS	New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, 2017 to January 31, 2018	A \$200 penalty shail Individual who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUEST	TIONS		
A. Did you, yo a. Own any end of th b. Receive asset du	A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	×	E. Did you hold any reportable positions during the reporting period or In the current calendar year up through the date of filing?	g the reporting igh the date of filing?	Yes X No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	× No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an the current calendar	Yes X
D. Did you, yo liability (more	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	× &	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a years?	Yes No X
	ATTACH THE CORRESPONDING SCHEDULE IF YOU AN THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE RE	RESPONDING SCH	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION	I - ANSWER <u>BOTH</u> OF THESE	: QUESTIONS	
TRUSTS - De from this repo	TRUSTS – Details regarding "Qualified Bilnd Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need n from this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain off ent child?	her "excepted trusts" need not be disclosed. Have you excluded	lave you excluded	Yes No X
EXEMPTION exemption?	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	" income, or liabilities of a nittee on Ethics.	spouse or dependent child because they meet all three tests for	et all three tests for	Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

**Jackie Patton** 

Page 2 of 10

BLOCK A	ВГОСК В	BLOCK C	ВLОСК D	ΧD
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	fincome
oduction of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets for which you checked Tax-Deferred" in Block C, you may check the "Nore" column. For all other coduction of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, and the providence of the category of income by checking the appropriate box below. Dividends, and the providence of the category of income by checking the appropriate box below. Dividends, and the providence of the category of income the category of income by checking the appropriate box below. Dividends, and the providence of the category of income that the category of income that the category of income that the category of income that the category of income to the category of income that the category of income that the category of income that category of income that the category of income that assets the dividence in a sasts income that the category of income that the catego	asset at close of the reporting period. If you method other than fair market value, plesse or used.  I solid during the reporting period and is cause it generated income, the value should reassets held by your spouse or dependent	Check all columns that apply. For accounts that generate tax-deferred income (such as 40f(k), IAA, or 528 accounts), you may check the Tax-Deferred column. Dividently, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check None if the asset generated no income	For assets for which you checked 'Tax-Deferred' in Bloc assets indicate the category of income by checking the capital gains, even if reinvested, must be disclosed Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or depend	ou checked "Tax-Defense" in Block C, you may check the "None" column. For all other tegory of income by checking the appropriate box below. Dividends, interest, and f relinvested, must be disclosed as income for easets held in taxable accounts. come was earned or generated.
r all IRAs and other retirement plans (such as 1(k) plans) provide the value for each asset held in				
			Current Year	Draced on Veet

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	Arcadia Dev	Woodview Yo Rental House	1609 Bay L Marysville,		Examples:		e refer to the in	so choose, y ne source is ndent child (DC optional colum	have a private tment Fund, pl	ide: Your pers s and vacation s and vacation ne during the re st in, or in ment program,	For an ownership interest in a p that is not publicly traded, st business, the nature of its geographic location in Block A.	ntal and other te a complet d property," an	terest-bearing 0, list every fi than \$1,000 in	count that exc	il IRAs and ) plans) provid	Provide complete names of stoc (do not use only ticker symbols).	identify (a) each ass production of income a exceeding \$1,000 at the and (b) any other reports which generated more income during the year.	ssets and	
	Arcadia Development LLC	Woodview Youngstown OH Rental House	1609 Bay Laurel Dr. Marysville, OH Rental House	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	For a dataled discussion of Schedule A requirements please refer to the Instruction booklet.  Ser.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was main income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thriff Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic tocation in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	For bark and other cean accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identity (a) each asset held for investment or production of Income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearmed" income during the year.	Assets and/or Income Sources	BLOCKA
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							None		117					<u> </u>		"Column M is for assets held by yo child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair merket value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jackie Patton

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### SCHEDULE C - EARNED INCOME

Name: Jackie Patton Page 4 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of Income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Course (include date of receipt for hoperaria)	Tymo		Amount
Source (ilicitate date of lecelpt for honoralia)	l ype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland	Selery Sprane Sprane	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Space	N/A	NIA
JP Morgan Chase	Spouse Military Benefit	\$550	\$6,835
Columbus City Schools	Salary	\$7,500	\$89,845
A STATE OF THE STA			

#### SCHEDULE D - LIABILITIES

Name: Jackie Patton Page 5 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

			SP		рс, <b>л</b> т		
			Denn	Example			
			Dennis Space	First Bank of Wilmington, DE	Creditor		
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			Guarantee on business line of credit	Mortgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an hororary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Board/Committee Member Central Ohio School Nurse Association
Board/Committee Member National Association for Chronic Disease- Director, School Employee Wellness Advisory Group
Board/Committee Member Action for Healthy Kids- Urban School Wellness Association
Board/Committee Member Columbus Public Heath- Chronic Disease Prevention Steering Con
Board/Committee Member United Way of Central Ohio- Healthy Corner Store Committee

#### SCHEDULE D - LIABILITIES

Name: Jackie Patton	Page 6 of 10	
e reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	unt owed during the reporting	
by real property including mortgages on their personal residence.  Exclude: Any mortgage on your personal residence hold furniture, or analizances: liabilities of a business in which you own an interest (unless you are personally liable); and	age on your personal residence	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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					Example			
			7,00		First Bank of Wilmington, DE	Creditor		
					5/98	Date Liability Incurred MO/YR		
					Mortgage on Rental Property, Dover, DE	Type of Liability		
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		, .				\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	7	of E
						\$1,000,001- \$5,000,000	6	ability
						\$5,000,001- \$25,000,000	Ξ	
						\$25,000,001- \$50,000,000	-	
_						Over \$50,000,000	-	1
			17.75					7

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

policy and the content variation year. I may year conviction	period and are content year. The year communities and now employees before positions and not content and provide years.
Position	Name of Organization
Board/Committee Member	United Way of Central Ohio- Health Impact Areas Results Committee
Board/Committee Member	Mid- Ohio Food Bank- Integrated Response To Hunger Committee
Board/Committee Member	The Ohio State College of Public Health- Food Insecurity Group Building Initiative For Food & Agriculture Transformation
Board/Committee Member	Healthy Business Council of Ohio
Board/Committee Member	Columbus City Schools Joint Insurance Committee

#### SCHEDULE D - LIABILITIES

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Name:	
Jackie Patton	
Mark the highest amou	
Name: Jackie Patton  Page 7 of 10  Page 7 of 10	

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reportion

-	В		B C.	B C.	B C.	B C. D	B C.	Amount of Liability	B C D E F G
\$15,000	\$10,001- \$15,000 > \$15,001- \$50,000 B	\$10,001- \$15,000 > \$15,001- \$50,000	\$10,001- \$15,000 > \$15,001- \$50,000 0. \$100,000 0.	\$10,001- \$15,000 > \$15,001- \$50,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,000 \$250,000 \$250,000 \$500,001- \$500,000 \$500,	\$10,001- \$15,000 \$\times \text{15,000} \text{\$\times \text{\$\text{50,000}} \$\times \text{\$\tinx{\$\text{\$\texitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	10,001- 15,000  15,001- 50,000  50,001- 100,001- 250,000  70  100,001- 1,000,000  71  1,000,001- 1,000,000  5000,000	0,001- 5,000  5,001- 0,000- 0,001- 50,000  50,001- 00,000  70  00,001- 00,000  70  00,001- 00,000  70  00,001- 00,000  70  00,001- 000,000	0,001- 0,000
	\$15,001- \$50,000	\$15,001- \$50,000 \$50,001- \$100,000	\$15,001- \$50,000 \$50,000 \$100,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,001- \$500,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$500,000	115,001- 150,000 100,001- 100,000 100,001- 1250,000 1250,000 1500,001- 11,000,000	15,001- 50,001- 100,000 100,001- 250,000 250,001- 1,000,000 1,000,001- 5,000,000	5,001- 0,000 0,001- 00,000 00,001- 50,001- 000,000 000,001- ,000,000 ,000,001- 5,000,000	0,001- 0,000 0,001- 0,000 0,001- 0,000 0,001- 000,000 000,001- 000,000 000,001- 000,000
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#### SCHEDULE E ~ POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Position	Name of Organization
Board/Committee Member	National Association For Uniformed Services
Board/Committee Member	Sepsis Alliance
Board/Committee Member	National Education Association
Board/Committee Member	Ohio Education Association
Board/Committee Member	Central Ohio Education Association

#### SCHEDULE F - AGREEMENTS

Name: **Jackie Patton** Page σ <u>Q</u> 6

employer. identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date     Parties to Agreement     Terms of Agreement       2018     Columbus City Schools     Annual employment agreement       2000     State Teachers Retirement System     Pension Plan       2000     Ohio Public Employees Retirement System     Pension Plan       Bension Plan     Pension Plan			
Columbus City Schools  State Teachers Retirement System  Ohio Public Employees Retirement System	Date	Parties to Agreement	Terms of Agreement
State Teachers Retirement System Ohio Public Employees Retirement System	2018	Columbus City Schools	Annual employment agreement
Ohio Public Employees Retirement System	2000	State Teachers Retirement System	Pension Plan
		Ohio Public Employees Retirement System	Pension Plan

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Exemple:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

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